

GED Form 3

REQUEST FOR CERTIFICATE, TRANSCRIPT, VERIFICATION OR NAME CHANGE

I, _____
(FIRST, MIDDLE, LAST NAME, SUFFIX [I.E., JR., II, ETC.]

_____, _____ request the following:
(DATE OF BIRTH MM/DD/YY) (SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER)

<input type="checkbox"/> Duplicate GED Certificate \$10	<input type="checkbox"/> Duplicate GED Transcript \$10	<input type="checkbox"/> Verification (see below) \$10	<input type="checkbox"/> Name Change (see below) \$10
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***** ONLY VERIFICATIONS MAY BE FAXED FROM THIS OFFICE. ALL OTHER OFFICIAL RECORDS (CERTIFICATES & TRANSCRIPTS) MUST BE MAILED.**

NOTE: A picture identification such as a driver's license, passport, or other government-issued document will be required to verify the applicant's identity. Certificates or transcripts will only be provided to the GED recipient. Individuals requesting copies by mail must provide copies of documents as proof of identification. To allow a second party to obtain a GED recipient's certificate or transcript, the recipient must provide the second party a notarized letter or a power of attorney.

If a name change is requested, provide the following information:

a. Name Currently on GED Certificate/Transcript:

(FIRST, MIDDLE, LAST, SUFFIX [I.E., JR., II, ETC.]

b. Change Name To:

(FIRST, MIDDLE, LAST, SUFFIX [I.E., JR., II, ETC.]

NOTE: In order to effect a name change, the applicant must provide documents reflecting the name change. For example, provide copies of a marriage license or a court order.

1. I hereby release the Department of Postsecondary Education, its employees, its attorneys, its governing bodies and its agents from any and all liability and claim of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified below.
2. I agree that this authorization is valid until such time as the DPE has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified below. In any event that permission is withdrawn, the DPE shall nevertheless remain fully protected from any and all claims and liability relating in any way to information release by the DPE prior to its receipt of the written withdrawal notice and to any actions of the third party.
3. I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my free will.

X

GED Recipient's Signature/Date

Phone Number (include area code)

Mail the documents to:

(NAME)

(ADDRESS)

(CITY/STATE/ZIP CODE)

(PHONE NUMBER)

(FAX NUMBER)

The Department of Postsecondary Education does not accept personal checks or credit cards. Payment must be made with cash, a money order or a certified bank check in the correct amount and payable to GED Testing Program. Return completed GED Form 3, copies of required identification, and payment to: GED Testing Program, P.O. Box 302130, Montgomery, AL 36130.

*****Priority or Express mail address: 135 S. Union Street, Montgomery, Alabama 36104*****

It is the official policy of the Alabama Department of Postsecondary Education that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.